DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

I hereby declare that (1) each inventor's residence, mailing address and citizenship are as stated below next to his/her name; and (2) I believe the inventor(s) named below to be the original and first of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title: CATHETER WIRE GUIDE

the specification of which

- [] is attached hereto, or
- [X] was filed as United States Application or PCT International Application (give Express Mail label number and deposit date if Application number not yet known):

Application No.: 10/597,893 (Express Mail Label No.)

Filing Date: August 10, 2006 (Deposit Date)

Amended on (if applicable):

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

PRIORITY CLAIM

I hereby claim priority benefits under Title 35, United States Code, § 119 (a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s) or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed; and (ii) any United States provisional application(s) that is/are listed below.

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY NOT CLAIMED
GB	0402930.2	11 February 2004	

RENNER, OTTO, BOISSELLE & SKLAR

Please direct all correspondence to the address associated with Customer Number 23908. Please direct all telephone calls to:

Don W. Bulson, Esq.

Telephone:

(216) 621-1113

Email:

dbulson@rennerotto.com

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's signature: Residence: (City & State/Country) Post Office Address: School Cottage Woodrow Nr. Amersham, Buckinghamshire HP7 0QQ United Kingdom Full Name of Additional Joint Inventor (if any): Inventor's signature: Residence: (City & State/Country) Post Office Address:	Full Name of Sole or First Inventor: Robert Graham Urie				
Post Office Address: School Cottage Woodrow Nr. Amersham, Buckinghamshire HP7 0QQ United Kingdom Full Name of Additional Joint Inventor (if any): Inventor's signature: Date: Residence: (City & State/Country) Citizenship:	36				
Woodrow Nr. Amersham, Buckinghamshire HP7 0QQ United Kingdom Full Name of Additional Joint Inventor (if any): Inventor's signature: Residence: (City & State/Country) Citizenship:					
Inventor's signature: Residence: (City & State/Country) Citizenship:	Woodrow Nr. Amersham, Buckinghamshire HP7 0QQ				
Residence: (City & State/Country) Citizenship:	Full Name of Additional Joint Inventor (if any):				
Post Office Address:					
Full Name of Additional Joint Inventor (if any):					
Inventor's signature: Date:					
Residence: (City & State/Country) Citizenship:					
Post Office Address:					
Full Name of Additional Joint Inventor (if any):					
Inventor's signature: Date:					
Residence: (City & State/Country) Citizenship:					
Post Office Address:					

FORM A PART OF THIS DECLARATION

- [] Signature for additional joint inventors.
- [X] This declaration ends with this page.